BEST AVAILABLE CO

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

. CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			34					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			minus 20=		. 14		×	(\$ 9=		OR	X\$18=	252
IND	EPENDENT CL	AIMS	minus 3 =		0		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				+	135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2								OTAL		OR	TOTAL	962
CLAIMS AS AMENDED - PART II								. – (•	OTHER	THAN
		(Column 1)		(Colu	mn 2)	n 2) (Column 3)		SMALL ENTITY		OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	×	(\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	F.C.L. ALB.]=	>	X40=		OR	X80=	
لـــا	FINST PHESE	NTATION OF M	OLTIPLE DEI	ENUEN	LCLAIM		+	135=		OR	+270=	
							ــــ	TOTAL		OB	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	ADL	OIT. FEE		•	AUDII. FEE,	
AMENDMENT B	¥.	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	×	(\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	F.O.L.	=		K40=		OR	X80=	
_	PRESE	NTATION OF M	OLTIPLE DE	ENUEN	I CLAIM		1	135=		OR	+270=	
	(Column 1) (Column 2) (Column 3)							TOTAL		اما	TOTAL ADDIT, FEE	
								OIT. FEE		•	AUUII. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	(\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	TOLAN	=		< 40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							125			+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270= TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE ADDIT. FEE ADDIT. FEE TO ADDIT. FEE ADI											L	